

ST. JOSEPH'S NURSING HOME

400 WATER AVENUE, P.O. BOX 527

HILLSBORO 54634 Phone:(608) 489-8242

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/02): 65

Total Licensed Bed Capacity (12/31/02): 65

Number of Residents on 12/31/02: 61

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

60

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37.7		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	42.6		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3	More Than 4 Years	19.7		
Day Services	No	Mental Illness (Org./Psy)	32.8	65 - 74	8.2	-----	-----		
Respite Care	No	Mental Illness (Other)	1.6	75 - 84	39.3	-----	100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	21.3	85 - 94	44.3	*****	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.9	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0	-----	-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	1.6	-----	100.0	(12/31/02)			
Other Meals	No	Cardiovascular	19.7	65 & Over	96.7	-----	-----		
Transportation	No	Cerebrovascular	8.2	-----	-----	RNs	10.5		
Referral Service	No	Diabetes	13.1	Sex	%	LPNs	7.7		
Other Services	No	Respiratory	1.6	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	37.7	Aides, & Orderlies	41.5		
Mentally Ill	No	-----	-----	Female	62.3	-----	-----		
Provide Day Programming for		-----	100.0	-----	-----	-----	-----		
Developmentally Disabled	No	-----	-----	-----	100.0	-----	-----		

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	172			30	78.9	109	0	0.0	0	20	90.9	135	0	0.0	0	0	0.0	0	51	83.6
Intermediate	---	---	---			8	21.1	90	0	0.0	0	2	9.1	128	0	0.0	0	0	0.0	0	10	16.4
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0				38	100.0		0	0.0		22	100.0		0	0.0		0	0.0		61	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

Percent Admissions from:						Activities of	%	% Needing Assistance of	% Totally	Total
						Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	6.7					Bathing	8.2	78.7	13.1	61
Private Home/With Home Health	6.7					Dressing	24.6	57.4	18.0	61
Other Nursing Homes	8.9					Transferring	39.3	36.1	24.6	61
Acute Care Hospitals	68.9					Toilet Use	31.1	49.2	19.7	61
Psych. Hosp.-MR/DD Facilities	0.0					Eating	24.6	63.9	11.5	61
Rehabilitation Hospitals	0.0					*****				
Other Locations	8.9					Continence		%	Special Treatments	%
Total Number of Admissions	45					Indwelling Or External Catheter		4.9	Receiving Respiratory Care	3.3
Percent Discharges To:						Occ/Freq. Incontinent of Bladder		32.8	Receiving Tracheostomy Care	0.0
Private Home/No Home Health	6.3					Occ/Freq. Incontinent of Bowel		36.1	Receiving Suctioning	0.0
Private Home/With Home Health	8.3					Mobility			Receiving Ostomy Care	3.3
Other Nursing Homes	6.3								Receiving Tube Feeding	0.0
Acute Care Hospitals	2.1					Physically Restrained		21.3	Receiving Mechanically Altered Diets	39.3
Psych. Hosp.-MR/DD Facilities	0.0					Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	0.0								Have Advance Directives	86.9
Other Locations	4.2					With Pressure Sores		4.9	Medications	
Deaths	72.9					With Rashes		0.0	Receiving Psychoactive Drugs	44.3
Total Number of Discharges										
(Including Deaths)	48									

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.3	87.4	1.06	85.1	1.08
Current Residents from In-County	50.8	84.3	0.60	76.6	0.66
Admissions from In-County, Still Residing	28.9	15.2	1.90	20.3	1.42
Admissions/Average Daily Census	75.0	213.3	0.35	133.4	0.56
Discharges/Average Daily Census	80.0	214.2	0.37	135.3	0.59
Discharges To Private Residence/Average Daily Census	11.7	112.9	0.10	56.6	0.21
Residents Receiving Skilled Care	83.6	91.1	0.92	86.3	0.97
Residents Aged 65 and Older	96.7	91.8	1.05	87.7	1.10
Title 19 (Medicaid) Funded Residents	62.3	65.1	0.96	67.5	0.92
Private Pay Funded Residents	36.1	22.6	1.60	21.0	1.71
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	34.4	31.3	1.10	33.3	1.03
General Medical Service Residents	0.0	21.8	0.00	20.5	0.00
Impaired ADL (Mean)*	46.2	48.9	0.95	49.3	0.94
Psychological Problems	44.3	51.6	0.86	54.0	0.82
Nursing Care Required (Mean)*	6.4	7.4	0.86	7.2	0.88